

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Licensed Midwives
Certified Nurse Midwives
Birthing Centers
Managed Care Plans

Memorandum No: 04-73 MAA
Issued: October 15, 2004

For information call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Planned Home Births and Births in Birthing Centers: Fee Schedule Corrections

Retroactive to dates of service on and after July 1, 2004, the Medical Assistance Administration (MAA) is correcting the maximum allowable fees published in numbered memo 04-40 MAA for certain Planned Home Births and Births in Birthing Centers services.

Corrections to Maximum Allowable Fees

MAA used incorrect conversion factors and relative value units (RVU) in calculating the July 2004 maximum allowable fees for certain Planned Home Births and Births in Birthing Centers services. Therefore, the maximum allowable fees for these procedure codes (issued in Numbered Memorandum 04-40 MAA) were incorrect. The table on the next page contains the correct maximum allowable fees.

MAA corrected these errors in the Medicaid Management Information System (MMIS) and in the online fee schedules on July 22, 2004. These corrections are retroactive to dates of service on and after July 1, 2004. **Do not submit new claims or an adjustment form for services provided between these dates simply to correct paid rates.** MAA has made an internal adjustment to claims paid between July 1 and July 22 to pay at the correct rates.

Procedure Codes with Corrections to Maximum Allowable Fees

| Procedure Code | Modifier | Corrected Maximum Allowable Fee Effective 7/1/04 |
|----------------|----------|--|
| 59425 | | \$442.38 |
| 59426 | | 776.72 |
| 90371 | | 116.28 per each 1 ml |
| 99212 | TH | 25.25 |
| 99432 | | 76.38 |
| 99347 | TH | 26.98 |
| 99348 | TH | 45.79 |
| 99349 | TH | 70.96 |
| 99350 | TH | 103.15 |

Billing Instructions Replacement Pages


Attached are updated replacement pages H.1-H.6 for MAA's *Planned Home Births Pilot Project Billing Instructions*, dated July 2003 and pages F.1-F.8 of MAA's *Births in Birthing Centers Billing Instructions*, dated July 2003. To obtain MAA's numbered memoranda and billing instructions electronically go to MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

Bill MAA your usual and customary charge.

Fee Schedule

Due to its licensing agreement with the American Medical Associations, MAA publishes only the official, brief CPT procedure code descriptions. To view the entire description, please refer to your current CPT book.

Use the following procedure codes when billing for Planned Home Birth services:

| Routine Antepartum Care | | | |
|--|----------|---|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
|  Note: CPT codes 59425, 59426, or E&M codes 99211-99215 TH with normal pregnancy diagnoses V22.0-V22.2 may not be billed in combination during the entire pregnancy. Do not bill MAA for antepartum care until all antepartum services are complete. | | | |
| 59425 | | Antepartum care, 4-6 visits. Limited to 1 unit per client, per pregnancy, per provider. | \$442.38 |
| 59426 | | Antepartum care, 7 or more visits. Limited to 1 unit per client, per pregnancy, per provider. | 776.72 |
| 99211 | TH | Office visits, antepartum care 1-3 visits, w/obstetrical service modifier. 99211 – 99215 limited to 3 units total, per pregnancy, per provider. Must use modifier TH when billing. | 14.25 |
| 99212 | TH | Office/outpatient visit, est | 25.25 |
| 99213 | TH | Office/outpatient visit, est | 35.25 |
| 99214 | TH | Office/outpatient visit, est | 55.00 |
| 99215 | TH | Office/outpatient visit, est | 79.75 |


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- H.1 -

Fee Schedule



| Additional Monitoring | | | |
|---|----------|------------------------------|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
|  Note: Midwives who provide increased monitoring for the diagnoses listed on pages E.1 and E.2 and are seen in excess of the CPT guidelines for routine antepartum care may bill using the appropriate E&M code with the modifier TH. | | | |
| 99211 | TH | Office/outpatient visit, est | \$14.25 |
| 99212 | TH | Office/outpatient visit, est | 25.25 |
| 99213 | TH | Office/outpatient visit, est | 35.25 |
| 99214 | TH | Office/outpatient visit, est | 55.00 |
| 99215 | TH | Office/outpatient visit, est | 79.75 |

| Delivery (Intrapartum) | | | |
|------------------------|----------|---|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| 59400 | | Obstetrical care [prenatal, delivery, and postpartum care] | \$1,899.78 |
| 59409 | | Obstetrical care [delivery only] | 943.89 |
| 59410 | | Obstetrical care [delivery and postpartum only] | 1,056.37 |

| Postpartum | | | |
|----------------|----------|---------------------------------------|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| 59430 | | Care after delivery [postpartum only] | \$167.17 |

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| Labor Management | | | |
|---|----------|--|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
|  Note: Bill only when the client labors at home and is then transferred to a hospital, another provider delivers the baby, and a referral is made during active labor. One of the following diagnoses must be used 640–674.9; V22.0–V22.2; and V23–V23.9. | | | |
|  Note: Labor management may not be billed by the delivering physician. Prolonged services must be billed on the same claim form as E&M codes, along with modifier TH. One of the diagnoses listed above must be on each detail line of the claim form. | | | |
| 99347 | TH | Home visit, est patient | \$26.98 |
| 99348 | TH | Home visit, est patient | 45.79 |
| 99349 | TH | Home visit, est patient | 70.96 |
| 99350 | TH | Home visit, est patient | 103.15 |
| + 99354 | TH | Prolonged services, 1 st hour. Limited to 1 unit. | 58.72 |
| + 99355 | TH | Prolonged services, each add'l 30 minutes. Limited to 4 units. | 58.26 |

(+) = Add-on code

| Other | | | |
|----------------|----------|--|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| 59025 | | Fetal non-stress test | \$48.91 |
| 59025 | TC | Fetal non-stress test | 11.56 |
| 59025 | 26 | Fetal non-stress test | 37.35 |
| 36415 | | Drawing blood | 2.45 |
| 84703 | | Chorionic gonadotropin assay | 8.36 |
| 85013 | | Hematocrit | 2.64 |
| 85014 | | Hematocrit | 2.64 |
| A4261 | | Cervical cap for contraceptive use | 47.00 |
| A4266 | | Diaphragm | 45.00 |
| 57170 | | Fitting of diaphragm/cap | 56.90 |
| 90782 | | Injection, sc/im | 11.34 |
| 90371 | | Hep b ig, im [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | 116.28 per each 1 ml |
| J2790 | | Rh immune globulin | 89.76 |
| J2540 | | Injection, penicillin G potassium, up to 600,000 units. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | 0.26 |
| S0077 | | Injection, clindamycin phosphate, 300 mg. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | Acquisition Cost |
| J0290 | | Injection, ampicillin, sodium, up to 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | 1.48 |

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Fee Schedule

| Other (cont.) | | | |
|----------------|----------|--|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| J1364 | | Injection, erythromycin lactobionate, per 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | \$3.14 |
| J7050 | | Infusion, normal saline solution, 250 cc | 2.22 |
| S5011 | | 5% dextrose in lactated ringer's, 1000 ml. | Acquisition Cost |
| J7120 | | Ringers lactate infusion, up to 1000 cc | 11.13 |
| J2210 | | Injection methylergonovine maleate, up to 0.2 mg | 3.67 |
| J3475 | | Injection, magnesium sulfate, per 500 mg | 0.20 |
| J2590 | | Injection, oxytocin | 1.15 |
| J0170 | | Injection adrenalin, epinephrine, up to 1 ml ampule | 2.10 |
| J3430 | | Injection, phytonadione (Vitamin K) per 1 mg. | 1.98 |
| 90708 | | Measles-rubella vaccine, sc | 21.81 |
| 90471 | | Immunization admin | 5.00 |
| 90472 | | Immunization admin, each add [List separately in addition to code for primary procedure.] | 3.00 |
| S3620 | | Newborn metabolic screening panel, include test kit, postage and the laboratory tests specified by the state for inclusion in this panel. [Department of Health newborn screening tests for metabolic disorders. Includes 2 tests on separate dates; one per newborn.] | 60.90 |

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Fee Schedule

| Other (cont.) | | | |
|----------------|----------|---|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| 99401 | | Preventive counseling, indiv [approximately 15 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only] | \$25.39 |
| 99402 | | Preventive counseling, indiv [approximately 30 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only] | 42.62 |
| 99432 | | Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s). Limited to one per newborn. Do not bill MAA if baby is born in a hospital. | 76.38 |
| 99440 | | Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output | 90.45 |
| 92950 | | Cardiopulmonary resuscitation (e.g., in cardiac arrest) | 113.12 |
| S8415 | | Supplies for home delivery of infant. Limited to 1 per client, per pregnancy. | 45.00 |

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Fee Schedule

Fee Schedule

Due to its licensing agreement with the American Medical Associations, MAA publishes only the official, brief CPT procedure code descriptions. To view the entire description, please refer to your current CPT book.

Use the following procedure codes when billing for Birthing Center services:

| Routine Antepartum Care | | | |
|---|----------|---|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
|  Note: CPT codes 59425, 59426, or E&M codes 99211-99215 with normal pregnancy diagnoses V22.0-V23.9 may not be billed in combination during the entire pregnancy. Do not bill MAA for antepartum care until all antepartum services are complete. | | | |
| 59425 | | Antepartum care, 4-6 visits. Limited to 1 unit per client, per pregnancy, per provider. | \$442.38 |
| 59426 | | Antepartum care, 7 or more visits. Limited to 1 unit per client, per pregnancy, per provider. | 776.72 |
| 99211 | TH | Office visits, antepartum care 1-3 visits, w/obstetrical service modifier. 99211 – 99215 limited to 3 units total, per pregnancy, per provider. Must use modifier TH when billing. | 14.25 |
| 99212 | TH | Office/outpatient visit, est | 25.25 |
| 99213 | TH | Office/outpatient visit, est | 35.25 |
| 99214 | TH | Office/outpatient visit, est | 55.00 |
| 99215 | TH | Office/outpatient visit, est | 79.75 |


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Fee Schedule

| Additional Monitoring | | | |
|---|----------|------------------------------|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
|  Note: Midwives who provide increased monitoring for the diagnoses listed on pages C.1 and C.2 and are seen in excess of the CPT guidelines for routine antepartum care may bill using the appropriate E&M code with modifier TH. | | | |
| 99211 | TH | Office/outpatient visit, est | \$14.25 |
| 99212 | TH | Office/outpatient visit, est | 25.25 |
| 99213 | TH | Office/outpatient visit, est | 35.25 |
| 99214 | TH | Office/outpatient visit, est | 55.00 |
| 99215 | TH | Office/outpatient visit, est | 79.75 |

| Delivery (Intrapartum) | | | |
|------------------------|----------|---|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| 59400 | | Obstetrical care [prenatal, delivery, and postpartum care] | \$1,899.78 |
| 59409 | | Obstetrical care [delivery only] | 943.89 |
| 59410 | | Obstetrical care [delivery and postpartum only] | 1,056.37 |

| Postpartum | | | |
|----------------|----------|---------------------------------------|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| 59430 | | Care after delivery [postpartum only] | \$167.17 |



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Fee Schedule

| Labor Management | | | |
|---|----------|---|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| <p> Note: Bill only when the client labors at the birthing center and is then transferred to a hospital, another provider delivers the baby, and a referral is made during active labor. One of the following diagnoses must be used 640–674.9; V22.0–V22.2; and V23–V23.9.</p> <p> Note: Labor management may not be billed by the delivering physician. Prolonged services must be billed on the same claim form as E&M codes, along with modifier TH. One of the diagnoses listed above must be on each detail line of the claim form.</p> | | | |
| 99211 | TH | Office/outpatient visit, est (Use when client labors at birthing center) | \$14.25 |
| 99212 | TH | Office/outpatient visit, est | 25.25 |
| 99213 | TH | Office/outpatient visit, est | 35.25 |
| 99214 | TH | Office/outpatient visit, est | 55.00 |
| 99215 | TH | Office/outpatient visit, est | 79.75 |
| + 99354 | TH | Prolonged services, 1 st hour. Limited to 1 unit. | 58.72 |
| + 99355 | TH | Prolonged services, each add'l 30 minutes. Limited to 4 units. | 58.26 |

(+) = Add-on code

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Fee Schedule

Births in Birthing Centers

| Other | | | |
|----------------|----------|--|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| 59020 | | Fetal contract stress test | \$37.41 |
| 59020 | TC | Fetal contract stress test | 13.83 |
| 59020 | 26 | Fetal contract stress test | 23.80 |
| 59025 | | Fetal non-stress test | 48.91 |
| 59025 | TC | Fetal non-stress test | 11.56 |
| 59025 | 26 | Fetal non-stress test | 37.35 |
| 36415 | | Drawing blood | 2.45 |
| 84703 | | Chorionic gonadotropin assay | 8.36 |
| 85013 | | Hematocrit | 2.64 |
| 85014 | | Hematocrit | 2.64 |
| A4266 | | Diaphragm | 45.00 |
| A4261 | | Cervical cap for contraceptive use | 47.00 |
| 57170 | | Fitting of diaphragm/cap | 56.90 |
| 90782 | | Injection, sc/im | 11.34 |
| 90371 | | Hep b ig, im [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | 116.28 per each 1 ml |
| J2790 | | Rh immune globulin | 89.76 |
| J2540 | | Injection, penicillin G potassium, up to 600,000 units. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | 0.26 |
| S0077 | | Injection, clindamycin phosphate, 300 mg. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | Acquisition Cost |

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Fee Schedule

| Other (cont.) | | | |
|----------------|----------|--|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| J0290 | | Injection, ampicillin, sodium, up to 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | \$1.48 |
| J1364 | | Injection, erythromycin lactobionate, per 500 mg. (use separate line for each 500 mg used) [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.] | 3.14 |
| J7050 | | Infusion, normal saline solution, 250 cc | 2.22 |
| S5011 | | 5% dextrose in lactated ringer's, 1000 ml. | Acquisition Cost |
| J7120 | | Ringers lactate infusion, up to 1000 cc | 11.13 |
| J2210 | | Injection methylergonovine maleate, up to 0.2 mg | 3.67 |
| J3475 | | Injection, magnesium sulfate, per 500 mg | .20 |
| J2590 | | Injection, oxytocin | 1.15 |
| J0170 | | Injection adrenalin, epinephrine, up to 1 ml ampule | 2.10 |
| J3430 | | Injection, phytonadione (Vitamin K) per 1 mg. | 1.98 |
| 90708 | | Measles-rubella vaccine, sc | 21.81 |
| 90471 | | Immunization admin | 5.00 |
| 90472 | | Immunization admin, each add [List separately in addition to code for primary procedure.] | 3.00 |

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Fee Schedule

| Other (cont.) | | | |
|----------------|----------|--|--|
| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
| S3620 | | Newborn metabolic screening panel, include test kit, postage and the laboratory tests specified by the state for inclusion in this panel. [Department of Health newborn screening tests for metabolic disorders. Includes 2 tests on separate dates; one per newborn.] | \$60.90 |
| 99401 | | Preventive counseling, indiv [approximately 15 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only] | 25.39 |
| 99402 | | Preventive counseling, indiv [approximately 30 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) [For Smoking Cessation only] | 42.62 |
| 99432 | | Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s). Limited to one per newborn. Do not bill MAA if baby is born in a hospital. | 76.38 |
| 99440 | | Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output | 90.45 |
| 92950 | | Cardiopulmonary resuscitation (e.g., in cardiac arrest) | 113.12 |

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Fee Schedule

Fee Schedule for Facility Fee Payment

MAA reimburses for a facility fee for only Birthing Centers licensed by the Department of Health that have a Core Provider Agreement with MAA.

| Procedure Code | Modifier | Brief Description | Maximum Allowable Fee Effective 7/1/04 |
|----------------|----------|---|--|
| 59409 | SU | Delivery only code with use of provider's facility or equipment modifier. Limited to one unit per client, per pregnancy. Facility fee includes all room charges, equipment, supplies, anesthesia administration, and pain medication. | \$733.16 |
| S4005 | | Interim labor facility global (labor occurring but not resulting in delivery). Limited to one per client, per pregnancy. May only be billed when client labors in the birthing center and then transfers to a hospital for delivery. | 366.68 |



Note: Payments for facility use are limited to only those providers who have been approved by MAA. When modifier SU is attached to the delivery code, it is used to report the use of the provider's facility or equipment only.

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Fee Schedule

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